

**Consumer Lender  
License Renewal Application****For Year July 1, 2007 through June 30, 2008****\*\*TIME SENSITIVE\*\***

The Renewal Application, Standard Rate of Charge Report and Corporate Financial Statement must be completed and submitted to the Department on or before June 30, 2007. **The financial statement must contain information relating to the licensee's financial condition at close of business on March 31, 2007.**

The license renewal fee of \$1,000 for the principal office and \$200 for each branch office must accompany the renewal.

We require a current (May 1, 2007 or after) **"Certificate of Good Standing" from the Arizona Corporation Commission** with your renewal, if the license is subject to the Arizona Business Corporation Act regulated by the Arizona Corporation Commission (ACC). If you are licensed with our Department as a sole proprietor or partnership this does not apply to you. Contact the ACC Corporate Records Section at 602-542-3026 or go to their website @ [www.cc.state.az.us](http://www.cc.state.az.us) to find out how to get this certificate online. Pull up your company name on their website and click on the "Check Corporate Status". Follow their instructions for downloading the Certificate.

Submit the completed renewal applications with the above required items all together to the Department on or before June 30, 2007. The Department cannot accept renewal applications after June 30, 2007, no exceptions. License renewal applications not received by June 30, 2007 will be closed for non-renewal.

**Make payable to: Arizona Department of Financial Institutions or AZDFI**

**Mail to: Arizona Department of Financial Institutions  
2910 N. 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018**

**Please retain a copy of the completed forms for your file. The Department does not offer photocopy services.**

If the licensee's name and/or address has changed, complete the Address and/or Name Change Application form located at [http://www.azdfi.gov/Licensing/Forms/Non-Mortgage\\_Add\\_Name\\_Chg\\_Application.pdf](http://www.azdfi.gov/Licensing/Forms/Non-Mortgage_Add_Name_Chg_Application.pdf) and submit these changes with your renewal. For all other changes **Visit our website at [www.azdfi.gov](http://www.azdfi.gov) for the forms and the "Changes to Your License".** Fingerprint fees go on a separate check if applicable. **The "File of Record" (previously mailed as part of the renewal notification for web access) lists the current information we have on file.**

Please note the Annual Report that is required to be filed on or before October 1, 2007 is now available on-line under the Licensing Tab. The report should have a 12 month reporting period ending with June 30, 2007. Enclose a current Standard Rate of Charge Report with both reports. **DO NOT** confuse the Annual Report with the Corporate Financial Report attached. These are two separate reports.



## Consumer Lender License Renewal Application

# For Year July 1, 2007 through June 30, 2008

### Type or Print All Information

### Do Not Leave Blanks – If Not Applicable Use None or N/A

### Make Additional Copies Of Any Page Or Attach A Separate Sheet If Addition Space Is Necessary

#### 1. Primary Address:

License Number: <b>CL</b>	CompanyName:		
DBA Name: (If applicable)			
Address:	City:	State:	Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:	

#### 2. Mailing Address if different from the above licensed primary address:

Physical Address:			E-Mail Address:	
City:	State:	Zip Code:	Telephone Number:	FAX Number:

#### 3. Corporate HQ Address if different from the above licensed primary address:

Company Name:			
Address Line 1:			
City:	State:		Zip Code:
Telephone Number:	FAX Number:		

#### 4. Active Manager ("AM"): (Must be an employee who has principal active management authority over the business of the licensee in this state)

Title :	Name		
Address:	City:	State:	Zip Code:
Direct Telephone Number & Extension:	FAX Number:	Email Address	

#### 5. List all branch offices. (Use separate sheet, if necessary.) Do not count the location listed above in #1 box as a branch.

a. Address	License #: <b>CLBR-</b>	
City:	State: <b>AZ</b>	Zip Code: Telephone #
b. Address	License #: <b>CLBR-</b>	
City:	State: <b>AZ</b>	Zip Code: Telephone #

6. Total number of Arizona Branches: \_\_\_\_\_ Total number of employees in Arizona Branches: \_\_\_\_\_

7. **Current Ownership.** If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
<b>Ownership Must total 100%</b>		<b>%</b>



## Consumer Lender License Renewal Application

8. **Control.** List all persons who have the power to vote more than 20% of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

9. Does licensee have and maintain at least twenty-five thousand dollars (\$25,000) in assets readily available for use in the conduct of the business of each licensed office and branch office? ☐ Yes ☐ No If no, furnish details.

10. Since the license was issued (07/01/06 to 06/30/07) or since the last renewal (6/30/06) has the licensee or any owner, officer, director, member, AM or partner thereof; If you answer "Yes" to any of these questions you must attach the appropriate paperwork (description & final disposition)

a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been sued in a civil action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had a final judgment issued against him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had an order entered against him/her been indicted, been informed against or found guilty by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. List owners, individuals, officers, trustees, partners, members or directors in spaces provided below. If any owners, individuals, officers, trustees, partners, members or directors have "other" Arizona interests explain those interests. If any of the top (5) persons **have changed** complete a personal history form & fingerprint card and attach a **separate check** for \$29 per card per person. All forms are available on our web site.

a. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
b. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
c. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
d. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business
e. Name	Capacity	Years in Business
Other Arizona interests	Capacity	Years in Business

12. List all occupational or professional licenses the licensee or any officer, member, partner, director, or owner holds or has held which have been issued by an agency of Any State or The Federal Government.

a. Name on License	Type of License	Issue Date MC/DAY/YEAR	Expiration Date MC/DAY/YEAR
b. Name on License	Type of License	Issue Date MC/DAY/YEAR	Expiration Date MC/DAY/YEAR
c. Name on License	Type of License	Issue Date MC/DAY/YEAR	Expiration Date MC/DAY/YEAR
d.. Name on License	Type of License	Issue Date MC/DAY/YEAR	Expiration Date MC/DAY/YEAR
e.. Name on License	Type of License	Issue Date MC/DAY/YEAR	Expiration Date MC/DAY/YEAR



## Consumer Lender License Renewal Application

**13. Read Carefully.** List all occupational or professional licenses the licensee or any owner, officer, member, director, trustee, partner, or managing agent thereof holds or has held which have been **refused**, **denied** or have been **revoked** or **suspended** or had an **Administrative Order/Action** issued against it by an agency of Any State or The Federal Government. *Please provide complete details and the final disposition if any apply.* *Write*

*"NONE" below if applicable.*

a. Name on License	Type of License	Issue Date <small>MC/DAY/YEAR</small>	Expiration Date <small>MC/DAY/YEAR</small>
Name of Licensing Agency	Type of Action		Date of Action <small>MC/DAY/YEAR</small>
b. Name on License	Type of License	Issue Date <small>MC/DAY/YEAR</small>	Expiration Date <small>MC/DAY/YEAR</small>
Name of Licensing Agency	Type of Action		Date of Action <small>MC/DAY/YEAR</small>
c. Name on License	Type of License	Issue Date <small>MC/DAY/YEAR</small>	Expiration Date <small>MC/DAY/YEAR</small>
Name of Licensing Agency	Type of Action		Date of Action <small>MC/DAY/YEAR</small>
d.. Name on License	Type of License	Issue Date <small>MC/DAY/YEAR</small>	Expiration Date <small>MC/DAY/YEAR</small>
Name of Licensing Agency	Type of Action		Date of Action <small>MC/DAY/YEAR</small>

**13. Total number of consumer loans made for the period of 7/1/06 through 5/31/07.** \_\_\_\_\_

**14. "Financial Statement" form must be completed and signed.** ☐ Yes ☐ No **If No, furnish details.**

**15. "Standard Rate of Charge Report" form must be completed and signed.** ☐ Yes ☐ No **If No, furnish details.**

**16. Renewal fee(s) due and payable on or before June 30, 2007.**

\$ 1,000.00 For Principal Office

\$ \_\_\_\_\_ \$200.00 For Each Branch Office Listed In #6.

\$ \_\_\_\_\_ Other: \$50 For Address Change Per License. (return original license)

\$29 Per Fingerprint Card. Fingerprint Fees Must Be On A Separate Check from other fees.

\$ \_\_\_\_\_ Total Fees Enclosed

**17. IMPORTANT READ CAREFULLY:** Has there been any changes to name, address, officer changes, ownership change, Arizona Manager change since your last renewal that the Department does not have the proper documents on file? If so, we will require the proper paperwork to bring your file up-to-date before your renewal will be accepted as complete. Renewals that have not been received or are incomplete on "**June 30, 2007**" will be **closed** and you cannot do business. Have there been changes since the last renewal?

☐ Yes ☐ No **Please confirm acknowledgement by signing:** \_\_\_\_\_

**18. License Compliance Officer to whom inquiries on deficient renewal application can be directed.**

Name:	Title:	E-Mail Address:		
Direct Telephone Number & Extension:		FAX Number:		
Business Address:		City:	State:	Zip Code:

**Note:** The individual named above will be notified of any additional requests pertaining to the renewal. Please retain a copy for your records.

**Consumer Lender  
License Renewal Application****Must be signed and notarized****AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

I (print your name) \_\_\_\_\_ being duly sworn, depose and say that I have signed the foregoing application as (print your title) \_\_\_\_\_ of the above named applicant, having full authority to sign such application in said capacity; that I have read said application and that the information contained therein is true.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Licensee Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)\_\_\_\_\_  
My Commission Expires





# Consumer Lender License Renewal Application

## Corporate Financial Statement

Section 3

Page 1 of 4

License #: CL \_\_\_\_\_ Name: \_\_\_\_\_

DBA name (if applicable): \_\_\_\_\_

**Every "TOTAL" line must have a total amount entered. Total Assets and Liabilities MUST EQUAL.**

### Financial Conditions At Close Of Business On "March 31, 2007"

ASSETS		LIABILITIES	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____ \$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____ \$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
<b>TOTAL CURRENT ASSETS</b>	<b>\$ _____</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Machinery - Equipment - Fixtures	\$ _____	Non-Current Portion of Equipment Contracts	
Less: Reserve for Depreciation	\$ _____ \$ _____	and Chattel Mortgages	\$ _____
Automobiles and Trucks	\$ _____	Other Non-Current Debt (describe):	\$ _____
Less: Reserve for Depreciation	\$ _____ \$ _____		
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
Other Securities Owned (Sched 3)	\$ _____		
		Other Reserves (describe): _____	\$ _____
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	<b>NET WORTH:</b>	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		<b>TOTAL NET WORTH</b>	<b>\$ _____</b>
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>



# Consumer Lender License Renewal Application

## Corporate Financial Statement

Section 3

Page 2 of 4

**CONTINGENT LIABILITIES (not already included) If none, so state.**

On Acceptances, Contracts or Notes Discounted or Sold \$  
 As Guarantor or Endorser for \$  
 For Merchandise Consigned by Suppliers \$  
 Otherwise (describe) \$  
 Are any book accounts sold or assigned? Yes ☐ No ☐ Amount \$  
 To whom?   
 With Recourse? Yes ☐ No ☐

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes ☐ No ☐

Are any assets pledged or any debts secured except as indicated? Yes ☐ No ☐ If so, please itemize by debt and security.

**COMMITMENTS:**

Approximate Purchase Commitments \$  
 Approximate Unfilled Orders on Hand \$  
 Describe any other unusual commitments

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

**OPERATING RECORD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE) TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE):**

*If profit and loss statement does not fit your business, please attach a statement on your own form.*

Net Sales for Period \$  
 Cost of Goods Sold \$  
 Gross Profit \$  
 Selling Expense \$  
 Administrative Expense \$  
 General Expense \$  
 Total Operating Expense \$  
 Operating Profit \$  
 Other Income \$  
 Total Income \$  
 Other Deductions \$  
 Federal & State Income Tax \$  
 Total Deductions \$  
 Net Profit \$

Reconciliation of Surplus:  
 Surplus at beginning of period \$  
 Net Profit \$  
 \*Surplus Credits \$  
 Total \$  
 Dividends Paid \$  
 \*Surplus Debits \$  
 Surplus as of this statement date \$

\*If Surplus Adjustments involve important transactions please give details below:

Total Depreciation and Amortization included in above statement \$  
 Deductions for Bad Accounts included in above statement \$  
 Salaries to Executive Officers included in above statement \$

**MONTHLY SALES**

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar

**Complete the following. Include the supporting schedules.**

**OTHER BANKS USED:**

Name	City	Do you borrow there?	Maximum Debt Past Year
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$





# Consumer Lender License Renewal Application

## Corporate Financial Statement

Section 3

Page 3 of 4

**RENTAL:** Does company rent? Yes ☐ No ☐  
 Present monthly rental paid \$ \_\_\_\_\_  
 Date of expiration of lease \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CORPORATE INFORMATION:** Under laws of what state are you incorporated? \_\_\_\_\_  
 Are all franchise taxes current? Yes ☐ No ☐  
 Are you authorized to do business in Arizona? Yes ☐ No ☐  
 Have all other legal requirements been met? Yes ☐ No ☐

No. of authorized common shares \_\_\_\_\_ Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_  
 Year last div. paid \_\_\_\_\_ Annual rate if established \$ \_\_\_\_\_ No. of authorized pfd. shares \_\_\_\_\_  
 Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_ Dividend preference \$ \_\_\_\_\_ Cumulative? \_\_\_\_\_  
 Div. Pd. to \_\_\_\_\_  
 Please list any trade styles used by the corporation \_\_\_\_\_

### SCHEDULE 1 - INSURANCE

Fire Insurance:		Liability Insurance:	
On Merchandise	\$ _____	Public Liability on Owned Autos	\$ _____
On Mach'y, Equipt. and Fixtures	\$ _____	Property Damage on Owned Autos	\$ _____
On Buildings	\$ _____	P.L. and P.D. on Non-owned Autos	\$ _____
		Building & Elevator Pub. Liab.	\$ _____

Check all that are applicable to the coverage the corporation carries:

☐ Explosion Ins.    ☐ Steam Boiler    ☐ Auto Fire, Theft    ☐ Business Interruption    ☐ Products Liability  
☐ Riot and Strike    ☐ Auto Collision    ☐ Workmen's Comp    ☐ Robbery or Burglary    ☐ Machinery Breakdown

Is the extended coverage endorsement attached to fire policies? ☐ Yes ☐ No  
 Do any policies contain a coinsurance clause? ☐ Yes ☐ No Basis \_\_\_\_\_ %  
 Is any insurance on a monthly reporting basis? ☐ Yes ☐ No  
 Are employees having custody or control of property adequately bonded? ☐ Yes ☐ No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

### SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

### SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly. Div.



# Consumer Lender License Renewal Application

## Corporate Financial Statement

Section 3

Page 4 of 4

### SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business \_\_\_\_\_  
 Are taxes delinquent on any of your properties? \_\_\_\_ If so, please give amount and details \_\_\_\_\_

### SCHEDULE 5 - REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

\*If any payments of principal or interest are delinquent, please give details \_\_\_\_\_  
 Has foreclosure been instituted? \_\_\_\_\_ Details \_\_\_\_\_

### SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

### SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. \_\_\_\_\_

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief. (BELOW MUST BE COMPLETED)

My telephone number is: \_\_\_\_\_ and my fax # is: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_